Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the serv provider is doing business):	
Address of Service Pr	rovider: 12045 Hoffman Street #401, Studio City, CA 91604
Name of Agent Desig Notification of Clain	gnated to Receive ned Infringement: Kelly W. Cunningham, Esq.
Full Address of Designation is not location):	gnated Agent to which Notification Should be Sent (a P.O. Box acceptable except where it is the only address that can be used in the geographic
Γelephone Number o	of Designated Agent: (310) 451-0647
Facsimile Number of	Designated Agent: (310) 394-4477
Email Address of Des	signated Agent: kcunningham@cislo.com
ignature of Officer or	r Representative of the Designating Service Provider:
	Date: 10/7/08
yped or rinned Nam	e and Title: Kelly W. Cunningham, Esq., attorney of record
INNED 1 0 / 24	2008

Mail the form to:

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